

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000200

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 30

Primary Registration District No. 4038

Registrar's No. 3

FILED JAN 15 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WARSAW</u>		c. CITY OR TOWN <u>WARSAW</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) <u>VERNETTA ADDLINE MASSEY</u>		4. DATE OF DEATH Month <u>Jan</u> Day <u>4</u> Year <u>1963</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT 15, 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
13a. FATHER'S NAME <u>Tom Petterson</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda McCallister</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Mrs Opal Philbert</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MEDULLARY PARALYSIS</u> DUE TO (b) <u>CEREBRAL HEMORRHAGE</u> DUE TO (c) <u>ARTERIOSCLEROSIS</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS</u> <u>2 DAYS</u> <u>5 YRS.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>4:30</u> a.m. <u>A</u> Month, Day, Year <u>JAN., 10, 1957</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>WARSAW, MO.</u>	
21. I attended the deceased from <u>JAN., 10, 1957</u> to <u>JAN., 4, 1963</u>		22c. DATE SIGNED <u>1-5-63</u>	
22a. SIGNATURE <u>Emil Salby DO</u> (Degree or title)		22b. ADDRESS <u>WARSAW, MO.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan 6, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>New Home Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Warsaw Benton MO</u>	
24. FUNERAL DIRECTOR <u>John J. Reser</u> ADDRESS <u>Warsaw</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 5-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Jas. A. Logan.</u>			

(Licensed Embalmers Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John F. Reser

Licensed Embalmer No.

4098

P. O. Address

Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.